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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/719,051 11/21/2003		Leon A. Pintsov	2 700				
TITLE OF INVENTION: METHOD AND SYSTEM FOR GENERATING CHARACTERIZING INFORMATION DESCRIPTIVE OF PRINTED MATERIAL SUCH AS ADDRESS BLOCKS AND GENERATING POSTAL INDICIA OR THE LIKE INCORPORATING SUCH CHARACTERIZING INFORMATION							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/11/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ELISCA, PIERRE E		3621	705-060000				
1. Change of correspondence CFR 1.363).		•	(1) the names of up to	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Ronald Reichman or agents OR, alternatively,			
☐ Change of correspond Address form PTO/SB/1☐ "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address"	'Indication form	(2) the name of a sing registered attorney or 2 registered patent att	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Angelo N. Chaclas 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
		ey Bowes Inc.		Stamford, Connecticut			
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	small entity discount p	ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1885 (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S	MALL ENTITY statu	s. See 37 CFR 1.27.			L ENTITY status. See 37 C		
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